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| NCC-l-head-black | Report to the Nottinghamshire Children’s Trust Board  Insert name of Council Body (eg County Council) or Decision Maker (eg Cabinet Member for Finance and Property). |
| 18 December 2015  Insert the date the report is to be considered (eg the date of County Council or Portfolio Meeting). **Must** be in the format “dd MMMM yyyy” (e.g. 10 August 2011). |
| Agenda Item: 3  Please leave this blank. |
| CHILDREN’S TRUST BOARD SPONSOR: KATE ALLEN, Consultant in Public Health FOR cHILDREN AND YOUNG PEOPLE | |
| Joint Strategic Needs assessment (JSNA) TOPIC FOR APPROVAL: Transitions to adulthood | |

Purpose of the Report

1. The purpose of this report is to present the proposed revised topic on Transitions to Adulthood in the Children and Young People’s section of the Joint Strategic Needs Assessment for approval by the Children’s Trust Board.

Information and Advice

1. The Children’s Trust are routinely consulted regarding final approval of Children and Young People JSNA topic chapters. The Health and Wellbeing Implementation Group (HWIG) approve topic chapters relating to cross-cutting themes, Adults and Older People.
2. All draft and completed JSNA topic chapters are available on the [Nottinghamshire Insight](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx) website.
3. Topics which have been completed and are currently pending approval by HWIG in December are as follows: Excess Weight, Physical Activity, Diet and Nutrition, and Healthcare Associated Infections. The draft reports can be found on Nottinghamshire Insight JSNA pages in the ‘cross-cutting themes’ section.
4. The JSNA chapter Transition of Adulthood has recently been completed and the full draft report can be found [here](http://www.nottinghamshireinsight.org.uk/d/113016). This report provides a summary of the JSNA chapter on Transition of Adulthood and its key recommendations.

**Transition to Adulthood – topic summary**

1. The Transition to Adulthood topic considers the time between childhood and emerging adulthood and the process of planning and transferring from children’s education, health and care services and support, and managing new relationships to ensure a smooth a transition to adult education, employment independent living, health and social care services and support including end of life provision.
2. Current transition support in Nottinghamshire was formally determined in Nottinghamshire’s Multi-Agency Transition Protocol: Supporting Young People with SEN and Disabilities from Age 14 Year 9 into Adulthood (2010) and defines a targeted population. It is currently under review in order to widen the scope and improve equity of service provision. A position statement document is being produced which will establish current service provision, activity, gaps in service, and examples of good practice. This will encourage an integrated service approach to keep pace with the increasing need and the legislation requirements in the Children and Families Act 2014, Special Education Needs and Disability (SEND) and The Care Act 2014. This work is currently being undertaken by NCC Transitions –Preparing for Adulthood working group as part of the Children’s Programme and Projects Team’s project for Improving Outcomes for Children and Young People with Disabilities.
3. The JSNA topic concludes with seven recommendations for improved service experience in transition from children’s to adult services with planning & support that is sensitive to the developmental needs & maturation psychology of emerging adulthood to ensure success.
4. Data and information for this (whole) population in transition is not available nationally or locally so it is difficult to establish a clear picture of need in Nottinghamshire. This is reflected in the recommendations.

**Transitions to Adulthood Topic Recommendations:**

1. **Recommendation 1**: Review of existing Transition Planning strategy and practice. Existing Transition Planning strategy and practice now needs to be reviewed and updated in line with the statutory requirements in the Children and Families Act 2014 and SEND reforms.
2. **Recommendation 2**: Develop quality robust joint and integrated commissioning arrangements. It is essential that health services observe the requirement for joint commissioning in delivering the NHS England mandate for disabled children and young people. Transitioning from Children to Adult Services may require an examination of funding and budget levels with a well-managed ‘push’ for changes from Children Services and a reciprocal ‘pull’ from Adult Services. The transition planning should include activity which meets individual needs and reach into Adult Services and out of Children services.
3. In commissioning integrated services it is important to consider the transition between paediatric and adult health services for young people with less complex needs (i.e. no co-morbidity, but with long term health conditions, for example asthma or diabetes).
4. **Recommendation 3**: Ensure the collection of robust transition activity data and information. There is no systematic approach to collating robust information around transitions and service level activity. Information is patchy and it is difficult to correlate the information or conduct any meaningful analysis in order to inform service development. Additionally, transitioning from Children to Adult Services needs better data sharing, which is essential for forward planning, quality assurance and efficient commissioning.
5. **Recommendation 4**: Patient and families experience. Patient and families experience is at the centre of strategic decision making and planning as well as at operational and personal level. Young People and their parent/carers will be involved in the commissioning process shaping services through customer service feedback, consultation and coproduction of service provision and participation at the highest level.
6. **Recommendation 5**: Systematic approach to ensuring transition plans are in place. Effective transition starts at 14 years old for up to 5 years if needed and means identifying and tracking (from data systems), young people through key transition points in their life. Appropriate and timely support can be provided for young people only where data systems identify young people who are in need of help. This includes how agreements about the ways agencies will work together to support disabled young people and their families are set out in integrated transition protocols.
7. **Recommendation 6**: Committed resources to manage this work. Strategic level agreement and planning is essential to success at operational level. There should be designated leadership, time and capacity to maintain a focus on transition to inform service change and improvement. An effective multiagency steering group or Board should be developed to implement protocols and pathways.
8. **Recommendation 7**: The role of health and wellbeing boards in measuring the outcomes from transition planning. Health and Wellbeing boards should measure outcomes for children and young people in transition from children’s to adult services, especially those with disabilities, palliative care needs and long term health conditions and consult with those young people. Their priorities should be reflected in the Health and Wellbeing strategy.
9. HWIG has been asked to consider how recommendation 7 below may be implemented on behalf of the Board and endorse the recommendation at its meeting on 10th December 2015.

**JSNA topic refresh**

There is a programme of on-going refresh of the JSNA topics. **Appendix A** provides a list of topics being currently refreshed.

RECOMMENDATION/S

1. The Children’s Trust Board approves the JSNA topics chapter Transition to Adulthood.

Kate Allen

Consultant in Public Health for Children and Young People

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**Appendix A – JSNA Topics currently being refreshed**

**Appendix A: JSNA Topics currently being refreshed 2015-2016**

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| **JSNA topic chapter** | **Due date** | **Refresh stage** |
| **Cross cutting topics** | | |
| Diet and nutrition | Dec 2015 | Completed, pending approval |
| Obesity/Excess weight | Dec 2015 | Completed, pending approval |
| Physical activity | Dec 2015 | Completed, pending approval |
| Health care associated infections in community settings | Dec 2015 | Completed, pending approval |
| Exec summary | Mar 2016 | In progress |
| CCG/district overview | Mar 2016 | In progress |
| Substance misuse: alcohol and drugs | Mar 2016 | In progress |
| *The People of Nottinghamshire: population, demography & wider determinants* | *Jul 2015* | *Completed* |
| *Housing and homelessness* | *Jul 2015* | *Completed* |
| *Health Impacts of Air Quality* | *Jul 2015* | *Completed* |
| **Children and Young People** | | |
| **Transitions to Adulthood** | Dec 2015 | Completed, pending approval |
| **Maternity and Early Years** | Jan 2016 | In progress |
| **Child Poverty** | Jan 2016 | In progress |
| **Disability** | Apr 2016 | In progress |
| **Looked after Children and care leavers** | Apr 2016 | In progress |
| **Avoidable injuries** | Apr 2016 | In progress |
| **Adults** | | |
| Suicide prevention | Jan 2016 | In progress |
| Adult & older people's mental health and wellbeing | Jan 2016 | In progress |
| Disability: autism | Jan 2016 | In progress |
| Physical disability & sensory impairments | Jan 2016 | In progress |
| LTNC | Jan 2016 | In progress |
| Cancer | Jan 2016 | In progress |
| Stroke | Jan 2016 | In progress |
| Gypsies and travellers | Mar 2016 | In progress |
| *Sexual health* | *Jul 2015* | *Completed* |
| **Older people** | | |
| Loneliness | Jan 2016 | In progress |
| *Mobility and falls (incl Physical activity)* | *Jul 2015* | *Completed* |